

EXHIBIT 6

Case:17-03283-LTS Doc#:18166 Filed:09/17/21 Entered:09/20/21 14:37:47 Desc: Main
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Sept 13, 2021

*Prime Clerk LLC
Grand Central Station*

Dear Sir/Madam:

I hereby state that I sent proof of 173121 for Reimbursement of a double premium. For the record, in Puerto Rico there are problems with the postal service. Mail is arriving late.

I am sending a copy of Sept 05, 2018.

*Yours faithfully,
Inés M. Lugo Santana
[Redacted]
Tel. 787-548-5703*

*I authorize the relevant agencies.
See Record of the Department of the Treasury.*

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[Emblem: DEPARTMENT OF THE
TREASURY – COMMONWEALTH OF
PUERTO RICO]

GOVERNMENT OF PUERTO RICO
DEPARTMENT OF THE TREASURY
San Juan, Puerto Rico

[Barcode: 007443-T22]
INÉS LUGO SANTANA
URB LOS CAOBOS
1021 CALLE ACEROLA
PONCE, PR 00716-2000

Date of Notification: August 30, 2018

**RE: REIMBURSEMENT OF DOUBLE PAYMENT OF MANDATORY INSURANCE
PREMIUM FOR 1998-2010 PERIOD**

Dear taxpayer:

In accordance with the Order issued in the Gladys García Rubiera et al. v Juan Flores Galarza et al. Civil Case No. 02-1179 (GAG), the Department of the Treasury established a mechanism so that everyone who made a double payment of the mandatory insurance premium at any time between 1998 and 2010 can claim the reimbursement of said payment, according to the enclosed procedure and Reimbursement Request.

In accordance with our records, you are entitled to claim a reimbursement for the motor vehicles detailed on the back [See details on the reverse.]

The request may be sent online through www.hacienda.pr.gov, following the instructions established on the portal, or by mail to Área de Seguros Públicos. Departamento de Hacienda. Apartado 9024140. San Juan. PR 00902-4140 on or before the period of two years from the last publication of this notice in the newspaper.

This notice is in compliance with and as a result of the stipulation and ruling issued in the García Rubiera et al. v Hon. Luis G. Fortuno et al. Civil Case Number 02-1179 (GAG) before the Federal District Court for the District of Puerto Rico, and stipulation in the Gladys García Rubiera et al. v. Association of Joint Insured under the Mandatory Liability Insurance, Civil Case Number KDP2001-1441 (801) Trial Court, San Juan Vicinage.

Should you have any questions, you may contact us at (787) 622-0121, option number 3.

Cordially,

[Signature]
Carlos M. Allende Soto
Interim Assistant Secretary
Public Insurance Department

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[Emblem: DEPARTMENT OF THE TREASURY –
COMMONWEALTH OF PUERTO RICO]

REQUEST FOR REIMBURSEMENT OF DUPLICATE MANDATORY INSURANCE PREMIUM

1. FIRST AND LAST NAMES OF THE REQUESTER

Inés M. Lugo Santana

2. REQUESTER'S SOCIAL SECURITY NUMBER (9 digits)*

[Redacted]

3. MAILING ADDRESS*

Los Caobos, Calle Acerola 1021 Ponce PR 00716

4. E-MAIL ADDRESS

5. THE INSURED IS THE OWNER OF THE VEHICLE(S) DESCRIBED BELOW, AND DECLARES UNDER PENALTY OF PERJURY THAT:

- a. They are or were the owner of the vehicle(s) described below, paid for a private insurance policy and the mandatory insurance policy to the Department of the Treasury for said vehicle(s)
- b. The insured has not been reimbursed, nor have they received credit from the mandatory insurance policy applicable to the vehicle(s) described herein.
- c. The insured appears on the lists of owners of vehicle(s) with a right to reimbursement sent by the Association of Joint Insured under the Mandatory Liability Insurance to the Department of the Treasury corresponding to years 1998 to 2010.
- d. The insured requests the reimbursement of the mandatory insurance payment.

6. INFORMATION CORRESPONDING TO THE VEHICLE(S) FOR WHICH REIMBURSEMENT IS REQUESTED. (YOU MAY USE ADDITIONAL PAGES IF NECESSARY)

License Plate Number	Vehicle Identification Number (VIN)*	Insurance Company*	Policy Number*	Year Claimed*
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* Required information

I authorize. See Record.

DATE OF REQUEST: Sept 05, 2018

REQUESTER'S SIGNATURE: [Signature]

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Additional information:

The Treasury Secretary shall have 120 days from the receipt of the request to verify that the information contained in their request is correct, that the requester appears on the lists provided by the ASC and that they do not owe taxes to the Government of Puerto Rico. Once verified, the Secretary shall proceed to approve the request. If the request is rejected, the requester shall be notified of the reasons for the denial by mail. The reimbursement is subject to the provisions in the case of PROMESA Title III.

All requesters have a period of two years from the last publication of this notice in the newspaper, to submit their claim to the Department of the Treasury.

The reimbursement of duplicate premiums shall not entail the payment of interest, and 20% corresponding to attorney fees shall be deducted from the corresponding reimbursement or credit for:

Antonio J. Amadeo Murga, Esq.
904 VIG Center
1225 Ave. Ponce de León
San Juan, PR 00907

Mario M. Oronoz, Esq.
Urb. Torrimar
K-4 Calle Bambú¹
Guaynabo, PR 00966

Said attorneys shall receive an amount equivalent to 20% of all reimbursements and credits that the Department of the Treasury grants to the plaintiffs, which arise from the requests made during the period of two years from the last day on which this notice is published in the newspapers, amount which shall be no less than \$1,375,000.00, subject to the disbursement of the amounts provided for in the case of PROMESA Title III.

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UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL
DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). /
Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).

<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03263	Petition Date May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date May 6, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-03782	Petition Date July 2, 2017

Modified Official Form 410 / Formulario Oficial 410 Modificado

Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como, pagares, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. **No adjunte documentos originales**, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

1 Who is the current creditor?

¿Quién es el acreedor actual?

Tres de los cuatro

Name of the current creditor, the person or entity to be paid for this claim.
Nombre del acreedor actual, la persona o la entidad a la que se le pague por este reclamo.

Other names the creditor used with the debtor.
Otras nombres que el acreedor usó con el deudor.

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2 Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No. No <input type="checkbox"/> Yes. From whom? Si. ¿De quién? _____	
3 Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor?	Where should payments to the creditor be sent? ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<p><i>2002(g) 16th Step Court Clerk</i></p> <p>Name / Nombre _____ Number / Número _____ Street / Calle _____ City, State / Ciudad, Estado _____ Zip Code / Código postal _____ Telephone / Teléfono _____ Email address / Dirección de correo electrónico _____</p>	
¿A dónde deberían enviarse las notificaciones al acreedor?		
Norma federal del procedimiento de quiebra (FRBP) por sus siglas en inglés) 2002(g)		
4 Does this claim amend one already filed?	<input checked="" type="checkbox"/> No. No <input type="checkbox"/> Yes. Claim number on court claims registry, if known. Si. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo). _____ Filed on: Presentada el _____ (MM/DD/YYYY) 05/01/2021	Contact email / Correo electrónico de contacto _____
¿Esta reclamación es una enmienda de otra presentada anteriormente?		
5 Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No. No <input type="checkbox"/> Yes. Who made the earlier filing? Si. ¿Quién hizo la reclamación anterior? _____	Contact email / Correo electrónico de contacto _____
¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?		

Part 2 / Parte 2:

Give Information About the Claim as of the Petition Date

Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.

6 Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico?	<input type="checkbox"/> No. No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: https://cases.premedelaw.com/puertorico) Si. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: https://cases.premedelaw.com/puertorico)
¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?	<p><u>Department of the Treasury</u></p> <p>_____</p>
Do you supply goods and/or services to the government?	<input checked="" type="checkbox"/> Yes. Yes. Yes. Provide the additional information set forth below. Si. Proporcione la información adicional establecida a continuación.
¿Proporciona bienes y/o servicios al gobierno?	Contract / Contract Number / Número de proveedor / Contrato _____ _____

Attest, I certify that the document was filed on the Petition Date indicated above, on behalf of the Plaintiff, on June 14, 2021.
Attesto que el documento fue presentado en la fecha indicada anteriormente, en nombre del demandante, el 14 de junio de 2021.

Printed: 09/17/2021 10:37 AM

Proof of Service

Exhibit 6

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<p>5 How much is the claim? / ¿Cuál es el importe de la reclamación?</p>	<p>6 _____ Does this amount include interest or other charges? / Este importe incluye intereses u otros cargos?</p>
<p><input type="checkbox"/> No _____</p>	<p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Si. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).</p>
<p>7 What is the basis of the claim? / ¿Cuál es el fundamento de la reclamación?</p>	<p>Examples: Goods sold; money loaned; lease; services performed; personal injury or wrongful death; or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 1007(c). Limit disclosing information that is entitled to privacy, such as health care information. Ejemplos: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalte la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reune los requisitos para ser tratada con privacidad, tal como información sobre atención médica.</p>

Reimbursement for double payment of mandatory insurance premium (1998-2010)

<p>8 Is all or part of the claim secured? / ¿La reclamación está garantizada de manera total o parcial?</p>	<p><input checked="" type="checkbox"/> Yes. This claim is secured by a lien on property. Si. La reclamación está garantizada por un derecho de retención sobre un bien.</p>
	<p>Nature of property / Naturaleza del bien:</p>
	<p><input checked="" type="checkbox"/> Motor vehicle - vehículo</p>
	<p><input type="checkbox"/> Other - Otro</p>

Basis for perfection / Fundamento de la realización de pasos adicionales

Attach redacted copies of documents showing that show evidence of perfection of a security interest, for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.

Adjunte copias editadas de documentos que demuestren la realización de pasos adicionales para la validez del derecho de garantía, por ejemplo, una hipoteca, un derecho de retención, un título, un certificado de título, un documento que muestra que se ha presentado o registrado un derecho de retención.

Value of property / Valor del bien

Amount of the claim that is secured /

Importe de la reclamación que está garantizado: _____

Amount of the claim that is unsecured /

Importe de la reclamación que no está garantizado: _____

Amount necessary to cure any default as of the Petition Date /

Importe necesario para compensar toda cesación de pago a la fecha que se presenta el caso: _____

Annual Interest Rate / Tasa de interés anual

Fixed - Fija

Adjustable - Variable

10 Is this claim based on a lease? / ¿Esta reclamación está basada en un arrendamiento?

11 Amount necessary to cure any default as of the Petition Date

Importe necesario para compensar toda cesación de pago a partir de la fecha que se presenta el caso

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<p>Is this claim subject to a right of setoff?</p> <p>¿La reclamación está sujeta a un derecho de compensación?</p>	<p><input checked="" type="checkbox"/> Yes. Identify the property. S. Identifique el bien.</p>
<p>Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?</p> <p>¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?</p>	<p><input checked="" type="checkbox"/> Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in those Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim.</p> <p>Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.</p>

Part 3 / Parte 3:

Sign Below Firmar a continuación

The person completing this proof of claim must sign and date it
FRBP 9011(b)

La persona que completa esta evidencia de reclamación debe firmar e indicar la fecha
FRBP 9011(b)

Siguiendo las instrucciones de la parte 3, la persona que completa esta evidencia de reclamación debe firmar y fechar la misma.

I, the undersigned, declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief.

I, the undersigned, declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief. I am the creditor named in the caption of the debt. I am the creditor named in the caption of the debt. I am the creditor named in the caption of the debt. I am the creditor named in the caption of the debt.

I, the undersigned, declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief. I am the creditor named in the caption of the debt. I am the creditor named in the caption of the debt. I am the creditor named in the caption of the debt. I am the creditor named in the caption of the debt.

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Print the name of the person who is completing and signing this claim. Escriba el nombre de la persona que completa y firma esta reclamación.

Ines A. Lugo Santana
Los Cabos Calle Acenole
1021 Ponce P.R. 00716

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Secretaria (Clerk's Office)
Tribunal de Distrito de Los Estados Unidos
Rooms 150 Federal Building
San Juan (Puerto Rico) 00918 -1767

RECEIVED
U.S. POSTAL SERVICE
U.S. MAIL
MAY 17 2021



T 718.384.8040
W TargemTranslations.com
E projects@targemtranslations.com
A 185 Clymer St. Brooklyn, NY 11211

TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)

TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 173121 DN 18166**

Signed this 22nd day of December 2021



Verify at www.atanet.org/verify

Andreea I. Boscor

A handwritten signature in blue ink, appearing to read "Andreea I. Boscor". A blue line extends from the left side of the signature towards the left edge of the page.

